

PSYCHOLOGICAL AND SOCIAL EFFECTS OF AGING

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Abstract: In the current thesis we aim to analyze the psychosocial particularities of the elderly people, taking into consideration the dysfunctional psychological and social situations, specific to the aging period (the empty nest syndrome, situations of disease, the third age crisis) and the accomplishment of the social roles, as well. In the micro-research, we study the correlation between the scale of requesting the social support, as coping strategy and the quality of retirement people’s lives, as well as the correlation between the level of quality life of aged people and the level of their anxiety.

Key words: aging, anxiety, “empty nest” syndrome

Psycho-social particularities of elderly people

Aging is defined, from a social point of view as a combination of biological, psychological and social processes, which affect individuals as they grow older (Abeles and Riley 1987, Atcheley, 2000, apud. Giddens A., 2010). Aging can be an experience full of satisfactions or it can be accompanied by physical suffering and social isolation. The social gerontology is a discipline that studies the social aspects of aging.

The psychological effects of aging are less demonstrated in comparison to the psychical ones, although the research in the aging psychology is in a continuous rhythm. Although the idea that memory, learning, intelligence, the abilities and motivation of studying are subject to a process of erosion along with aging, is widely accepted, the research in aging psychology suggests the existence of a much more complicated process (Birren and Schaie, 2001, apud. Giddens A., pg.179)

The social age consists of the norms, values and roles that are culturally associated to a certain chronological age. The concept of social age differs from one society to another. Societies such as the Japanese one as well as the Chinese

traditionally worshiped the elderly persons, considering them a source of historic memory and wisdom. Societies such as the British one and the American, are more likely to eliminate them as being unproductive, dependent on, old fashioned. Role expectations are extremely important sources of our personal identity. There are role stereotypes, as well as gender, extremely stigmatized for the elderly persons, especially as far as women are concerned.

Social gerontologists offered numerous theories about the nature of aging. The American sociologist Talcott Parsons claimed, ever since 1950, that society must find social roles for the elderly persons, in accordance with their age, in order to gain a “healthy maturity”. While growing old, women face physical, emotional and material problems that are hard to cope with. The social problems (retirement, isolation), the economic ones (low income, poverty), the moral ones aggravate the health deficiencies of the elderly persons, which leads to imposing special tasks for both the care system, and for the social care system. On another hand, abandoning self-health care, unhealthy lifestyle, medical services access deficit, prevention services and ambulatory treatment deficiencies contribute to the critical health condition of many elderly people.

Aging is marked by retiring. The moment itself brings a strong identity crisis, especially for men, as women keep their main domestic activities. According to Selye (1957) the tensions that produce stress are part of our ordinary life. The stress characterizes a complex psychological reaction, extremely intense and relatively durable of the individual who is facing new and difficult existential situations.

Stress represents a normal and necessary aspect of life, but it can cause a temporary discomfort, and it can also induce long term consequences. Even though too much stress can alter both the health and the welfare of an individual, yet, a certain volume of stress is necessary for survival. Stress can materialize in the diminution of functions’ normality or even in diseases, but it can help the person in danger, by adjusting the coping mechanisms.

Dysfunctional psychological and social situations, specific to aging (menopause, the empty nest syndrome, disease situations, the third age crisis)

Menopause is considered one of the most stressful periods in a woman’s life. So society considered that it would be “normal” for woman to become sick and despondent in this time of their lives. The names given to this period of desperation were “menopausal syndrome” and “climacteric syndrome”. Symptoms and signs of this syndrome were described by Deutsch, H.L. (1945) as: anxiety, depression, feelings of inferiority and hopelessness, insomnia, forgetfulness and most commonly hot flashes, chills, sweats and palpitations. Other changes discussed were increased and decreased sexual desires, weight gain and osteoporosis. Increased sexual desires were considered to be more stressful since it was thought that post-menopausal women should become oblivious of sex. Most of the diagnoses were made as the results of women consulting their physicians for

special occurring at the time of menopause. For women reaching menopause who didn't seek medical advice, no information about symptoms was available. Also, many women were conditioned to expect problems during menopause, so it was possible that much of the distress was psychosomatic. Another factor was that other changes occur at the time of menopause which could be ascribed to the menopausal syndrome. William J.H. (1977) shows that these changes are related to: children moving out ("empty nest" syndrome); taking care of ill husbands, becoming a widow, retirement from a job and noticeable age changes.

Some researches Sherman, J. et.al (1971) show that not all women felt anxious and depressed at menopause. Some actually felt relief and had renewed vigor. The current concept of the menopausal syndrome is quite different. Most investigators believe that only a small percentage of women develop the varied manifestations just described. William J.H. (1977) shows the majority of women have positive attitudes toward menopause because of: elimination of the fear of pregnancy; loss of the annoyance of menstruation; improved sexual relations; increases in energy; and feelings of well-being.

Nevertheless, there are definite changes that occur during menopause, and these changes can cause physiological and psychological effects that necessitate medical consultations for about 25 percent of women, described by Wilding, P. (1974). The primary changes seen are hot flashes and episodes of perspiration (e.g. night sweats). Other changes reported are: fatigue and difficulties in sleeping, palpitations and dizziness, anxiety, irritability, nervousness and depression, headaches and body aches, atrophic changes in the vagina and osteoporosis. Anxiety, irritability, nervousness and depression occur in anywhere from 10 to 90 percent of menopausal women (Neugarten, B.L. and Krainer, R.J, 1965).

Menopause does not have to be a time of distress. A positive attitude along with good nutrition, an active life-style and regular exercise can make this time of joy rather than a time of despair. Psychological responses to hysterectomy can be overwhelming. This is especially true if the surgery is either for cancer, or is done without the woman's full understanding of the implications. The most common psychological response to hysterectomy is depression with about a 30 percent occurrence.

Women with a previous history of depression or prior emotional breakdown are more prone to be depressed after hysterectomy. Finck, K.S (1979) considered that the factors that tend to promote unfavorable psychological responses for post-hysterectomy women are:

- High anxiety and neurotic levels prior to the surgery,
- Poor relationship with their mothers,
- Fear about future sexual activities and
- Poor preparation for the surgery.

Just as depression can be brought on by menopause and hysterectomy with their potential crises, so too can the "loss of the brood" bring of depressive episodes.

The “*empty nest*” syndrome is especially traumatic to the traditional woman who had no other career except that of housewife and mother. Studies have shown that a daughter or son leaving home is one of the major social stressors. The stress would be more severe when all the children left home.

To reduce the impact of the “empty nest” syndrome, women must realize that is a potentially constructive time. The psychologist (Lucas L., 1980) shows that there is more freedom for vacancies and hobbies an opportunity to begin a new career and privacy for affection. Many woman find that they can do the things they always planned but never had the required time for. Some become writers, a few become artists and many go back to work or college and really enjoy their new-found interests. Even though the children leave, there is still plenty of opportunities to see them and to help them.

When a man has a serious illness, he has a great amount of stress. He is out of work and unable to provide for his family. He has the fear of dying and the worry of physical and psychological impairment. These anxieties and fears are generally transferred to his wife. The woman must be supportive and protective of her husband. She has to try and encourage him and help, him but not allow him to be over dependent. As a result, the woman often neglects or denies her own and can become overwrought and suffer severe anxiety and depression.

In another study developed by Stern, M.J. and Pascale, L. (1979) on psychosocial adaptation of wives following their husband’s heart attacks it was found that 25 percent of the women suffered anxiety and depression. Some women reported that they did not want to disturb their husbands for fear that a “wrong word” might kill them. As a result, there was decreased communication and increased marital estrangements. The wives, in turn, suffered anxiety and depression. These and other study (Anthony, E.J., 1970) revealed that if good family relations existed before the serious illness, then adjustment of husbands and wives was good afterward. Wives who were very dependent upon their husbands had the greatest problems in adjusting to their new situations they couldn’t get support from their seriously ill spouses, and lacking this help, they tended to collapse emotionally. As societies are aging, the number of people with chronic conditions is increasing dramatically. Those impaired are living longer with disabilities than ever before (Walsh, F. 1998). Even though most elders do maintain good health, loss of physical and mental functioning, chronic pain and progressively degenerating conditions.

Experimental research

Research objectives:

- To investigate and analyze the aspects that are related to difficulties of social adapting of retired individuals.
- To study the correlation between the psycho-social factors that act on the elderly persons.

Research hypothesis

It is assumed that there is a direct correlation between the level of the requesting scale of social support as coping strategy and the quality of retired people's lives.

It is presumed that there is an indirect correlation between the level of the quality of elderly people's lives and the level of their anxiety.

The description of the researched sample: the study was conducted on a sample of 60 subjects between 58 and 70 years old.

Methods and techniques of investigation

1. The Cattell questionnaire to determine the level of anxiety (R.B. Cattell),
2. The COPE questionnaire of coping strategies evaluation (Scheier Weintrub Carver, 1989)
3. Quality of Life Inventory (QOLI), M.B.Frisch, 2014), adapted for Romanian population

Results and discussions

In the first hypothesis, it was presumed that there is a direct correlation between the level of the requesting scale of social support as coping strategy and the quality of retired people's lives.

Carver et al. (1989) have elaborated a multidimensional inventory for the coping strategies (the COPE Inventory) that assesses ways in which people handle stress, from a dispositional perspective. After employing an exploratory factorial analysis of individual scales of the COPE questionnaire, Carver et al. (1989) have identified four factors:

- (1) coping focalized on the problem (including the following coping strategies: affective approach, planning and deletion of concurrent activities);
- (2) coping focalized on emotions (positive interpretation and growth, abstention, acceptance and religious approach);
- (3) coping focalized on search for social support (use of the social-instrumental support, the social-emotional support and focalizing on expressing emotions) and
- (4) avoidance coping, for the problem or the associated emotions (denial, mental and behavioral deactivation). (Carver et al., 1989, apud. Craşovan D.I., Sava F.,2013)

Two scales were analyzed: for the focused on task coping, the requesting social-instrumental support scale, which measures the willingness of asking for help (advice, material support, etc.), for improving the situation and for the emotion focused coping, the request of social-emotional support scale, which reflects the tendency of requesting understanding, compassion, or moral support from friends, relatives, colleagues, etc. It was observed that on the level of the sampled subjects

that the level of requesting social-instrumental support significantly correlates with the level of quality of life ($r=0,52$ la $p< 0,1$), and also the level of social-emotional support ($r=0,46$ la $p< 0,1$).

In the second hypothesis, it was presumed that there is an indirect correlation between the level of anxiety and the level of the life quality of the investigated elderly people.

The 16 areas of life evaluated through QOLI are: health, self-esteem, goals and values, money, work, playing, learning, creativity, help, love, friends, children, relatives, home, neighborhood and community.

According to QOLI, there are 4 *standard levels of global quality of life*: high level, average, low and very low. *The high level of life quality* was attained by 2% of the participants. These persons are happy and fulfilled, they get what they want in life, are able to satisfy their basic needs and to achieve their goals in almost all life areas. *The average level of life quality*, attained by 18% of the sampled subjects, demonstrates that these individuals are mostly content, happy and fulfilled and successful in achieving many goals in life. They do not realize a negative distortion of life situations and do not exaggerate personal problems. *The low level of life quality* was attained by 63% of participants. The elderly people that scored this percentage are not able to obtain what they want in life, to satisfy their basic needs, and to reach their established goals in many important life areas. The cause of misery might be represented by the health condition, social status or material situation (e.g. widowhood). These people have a high predisposition for developing psychological disorders, particularly depressions. *The very low level of life quality* (17%) was attained by persons who are not capable to satisfy their own basic needs, to accomplish their set goals and who are extremely unsatisfied with their own life. They manifest often criticism of their family members, especially towards their sons or nephews, as well as towards healthcare and social services. Many of such individuals manifest low efficiency during youth or as adults as well, and during retirement, self-esteem is also low and they do not have a good communication with their extended family.

The 5 personality factors that are analyzed through the Cattell test were Q3 – deficiency of integration or cohesion of self-consciousness, C – lack of Ego force or general neurosis, Ego weakness, L-paranoid insecurity, lack of social security, O-guilt feeling, pathologic depression, depressive anxiety, Q4-ergić tension, unsatisfied needs and compulsions, the excitement of sexual appetite. The scores of the 5 scales have been calculated: the ideal social ego (Q₃), the ego force, emotiveness (C), insecurity, the paranoid tendency (L), insecurity towards the direction of guilt (O), the ergić tension (Q₄), as well as the global scores of the level of anxiety. It was observed that there is an indirect correlation between the level of life quality and the level of anxiety ($r= -0,33$ la $p<0,1$).

Conclusions

The elderly people are dealing with frustration and insecurity. They manifest an average to high level of anxiety and are characterized by a state of internal tension, irritability, nervousness, lack of self-esteem, stress, reluctance to risking situations. According to evaluations, after applying the Cattell anxiety questionnaire, we can state that the majority of the elderly persons who have been investigated manifest a high level of anxiety, they feel isolated, frustrated, they do not trust themselves, and feel unappreciated. They manifest feelings of personal inadequacy.

Retirement and the old age must be prepared and their psychological effects can be prevented. The rigidity and the difficulty of adapting to the new situation of the aged person must be defeated. For the retired person, the need of communication is vital, his / her existence, the quality and duration of their lives being threatened by the unaccomplished need of communication. Sooner or later, a retired person lives the last part of his / her life, the part that precedes the ultimate stage, ending the existence. Communication, at this stage, has particular significance and along with other palliative elements, represents a solution to maintaining life quality.

In such circumstances, a psychological assistance of the elderly persons is necessary, as well as their active implication in social life and growing the resilience. Resilience represents the ability of an aged person to maintain his / her psychological well-state, under severe life circumstances (Staudinger and Kunzmann, 2005, Ryff and Singer, 1998), managing to moderate the bad impact of the stressful events on their physical and mental health. The key factors of keeping psychological balance when aging are optimism, encouraging life expectancy, improving communication with the extended family and keeping expanded social network.

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